

INDIVIDUAL PROPERTY/DISTRICT
MARYLAND HISTORICAL TRUST
INTERNAL NR-ELIGIBILITY REVIEW FORM

Property/District Name: Spring Grove Hospital Center Survey Number: BA-2319

Project: I-695 Widening MD 144 to I-95, Baltimore County Agency: FHWA/SHA

Site visit by MHT Staff: no X yes Name Lauren L. Bowlin Date 1985

Eligibility recommended X Eligibility **not** recommended

Criteria: X A B X C D Considerations: A B C D E F G
 None

Justification for decision: (Use continuation sheet if necessary and attach map)

Spring Grove Hospital Center, Catonsville, Baltimore County was initially determined eligible for inclusion in the Maryland Register of Historic Properties in 1986. Trust policy is that any property eligible for the MRHP is also eligible for the National Register of Historic Places. Spring Grove is eligible under Criterion A, events, as the first State-sponsored facility for the mentally ill. The hospital had its origins in 1797 where the indigent sick and insane were cared for in Baltimore. By 1872 the hospital had outgrown its site and the State chose a new 200-acre site in Catonsville. The District is also eligible under Criterion C, as an architectural example. The hospital does not have a specific layout, but rather its growth and development are demonstrated through the construction of buildings in response to new needs and developments in the care of the mentally ill. The 1985 survey included 25 buildings built between 1872 and 1944. All are eligible contributing resources to the historic district. However, a refinement of the district's boundary is proposed by SHA. Approximately 20 acres of the original 200-acre parcel are no longer under the control of the Hospital, and these contain buildings that do not contribute to the significance of the district. The district parcel is approximately 180 acres confined to the following perimeter roads: I-695 ROW to Paradise to MD 372 (Wilkens Ave.) to Valley Road to Holmes Road and north along the old railroad right of way on the western edge of the property.

Documentation on the property/district is presented in: Project Review and Compliance Files AND SPRING GROVE ARCHITECTURAL SURVEY NOTE BOOK

Prepared by: Rita Suffness, SHA Architectural Historian

Anne E. Bruder August 30, 2000
Reviewer, Office of Preservation Services Date

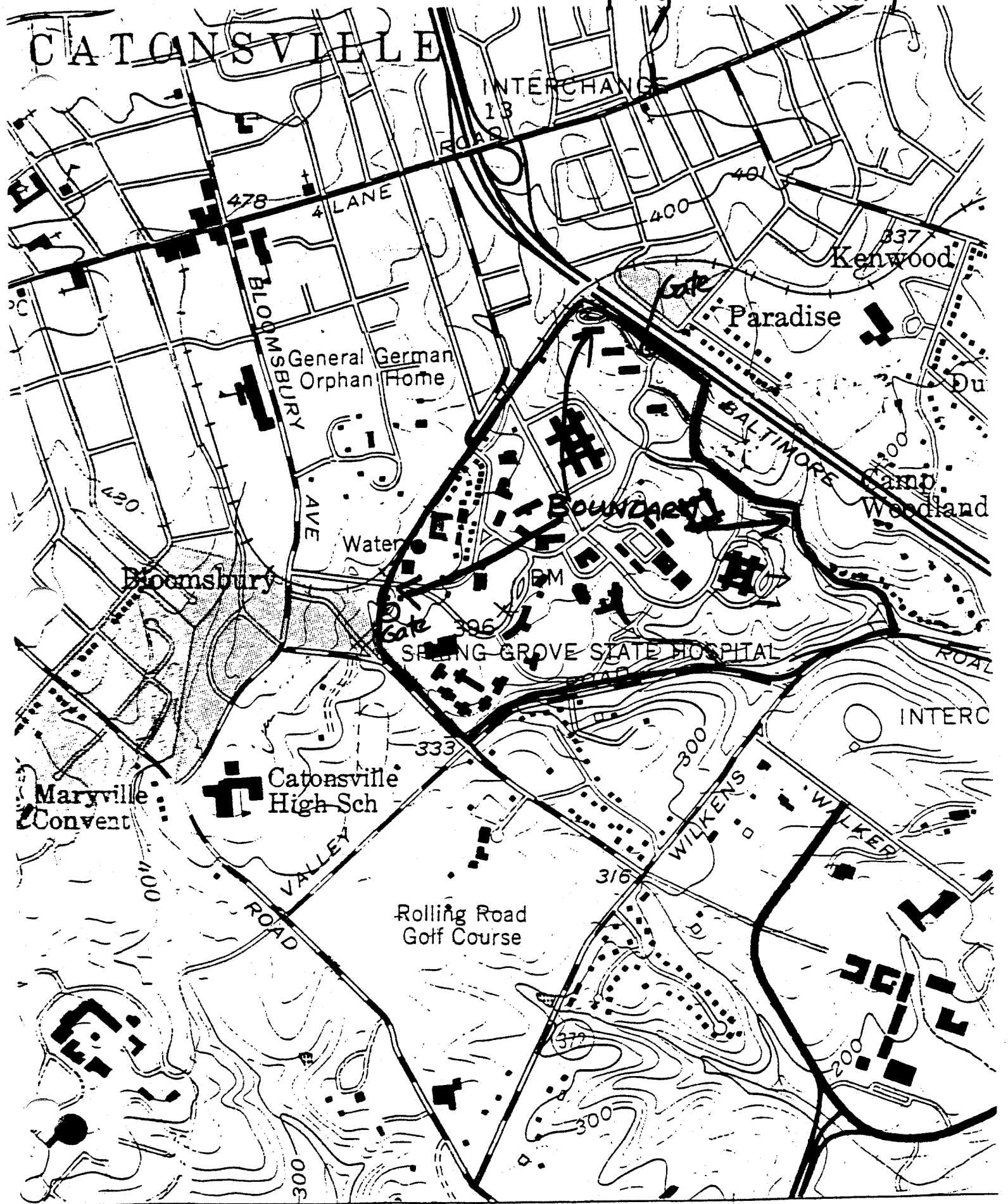
NR program concurrence: X yes no not applicable

PKentz 8/31/00
Reviewer, NR program Date

my

Spring Grove Boundary

CATONSVILLE



**MARYLAND HISTORICAL TRUST
DETERMINATION OF ELIGIBILITY FORM**

NR Eligible: yes X
no _____

Property Name: Spring Grove Hospital Center Inventory Number: BA-2319
Address: Wade Avenue City: Catonsville Zip Code: _____
County: Baltimore County USGS Topographic Map: Baltimore West
Owner: DHMH Is the property being evaluated a district? ____ yes
Tax Parcel Number: _____ Tax Map Number: _____ Tax Account ID Number: _____
Project: I-695 widening, MD 144 to I-95, Baltimore Co. Agency: FHWA/SHA
Site visit by MHT staff: ____ no X yes Name: L. Bowlin, 1985 Date: _____
Is the property is located within a historic district? ____ yes ____ no

If the property is within a district District Inventory Number: _____
NR-listed district ____ yes Eligible district ____ yes Name of District: _____
Preparer's Recommendation: Contributing resource ____ yes ____ no Non-contributing but eligible in another context ____ yes

If the property is not within a district (or the property is a district) Preparer's Recommendation: Eligible X yes ____ no

Criteria: X A ____ B X C ____ D Considerations: ____ A ____ B ____ C ____ D ____ E ____ F ____ G ____ None

Documentation on the property/district is presented in:

#BA 157 (Bowlin, 1986); Project Review & Compliance Files; Spring Grove Architectural Survey Notebook

Description of Property and Eligibility Determination: *(Use continuation sheet if necessary and attach map and photo)*

Spring Grove Hospital Center, Catonsville, Baltimore County was initially determined eligible for the Maryland Register of Historic Properties in 1986. Trust policy is that any property eligible for the MRHP is also eligible for the National Register of Historic Places. Spring Grove is eligible under Criterion A, events, as the first state-sponsored facility for the mentally ill. The hospital had its origins in 1797 where the indigent sick and insane were cared for in Baltimore. By 1872 the hospital had outgrown its site and the state chose a new 200-acresite in Catonsville. The District is also eligible under Criterion C, as an architectural example. The hospital center does not have a specific layout, but rather its growth and development are demonstrated through the construction of buildings in response to new needs and developments in the care of the mentally ill. The 1985 survey included 25 buildings built between 1872 and 1944. All are eligible contributing resources to the historic district. However, a refinement of the district's boundary is proposed by SHA. Approximately 20 acres of the original 200-acre parcel are no longer under control of the hospital, and these contain buildings that do not contribute to the significance of the district. The district parcel is approximately 180 acres, confined to the following perimeter roads: I-695 ROW to Paradise to MD 372 (Wilkens Ave) to Valley Road to Holmes Road and north along the old railroad ROW on the western edge of the property.

Prepared by: L. Bowlin, 1985 (MHT); R. Suffness (SHA) Date Prepared: _____

MARYLAND HISTORICAL TRUST REVIEW

Eligibility recommended X Eligibility not recommended ____
Criteria: X A ____ B X C ____ D Considerations: ____ A ____ B ____ C ____ D ____ E ____ F ____ G ____ None
MHT Comments

A. Bruder

Reviewer, Office of Preservation Services

P. Kurtze

Reviewer, NR Program

August 30, 2000

Date

August 31, 2000

Date

Determinations Of Eligibility

BA-2319 Spring Grove Hospital Center

| Inventory No. | Property Name | Address | Eligible? | review date |
|---------------|--|-----------------------|------------|-------------|
| BA-2319 | Administration Building, Spring Grove Hospital | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Amer House, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Blacksmith Building, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Central Building, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Dayhoff Building, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Dix Building, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Employee Cottages, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Greenhouse, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Hamilton Building, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Hill Building, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Jamison Building, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Mitchell Building, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Moyland Building, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Noyes Building, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Paint Shop, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Preston Building, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Red Brick Apartments, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Red Brick Cottages, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Red Brick Powerhouse, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Research Building, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Smith Building, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Sullivan Building, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Tawes Building, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Tuerk Building, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | Vocational Rehabilitation, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2319 | White Building, Spring Grove | Spring Grove Hospital | <u>No</u> | 1985 |
| BA-2320 | Key Shop, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2321 | Laundry Building, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2322 | Dairy House, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2323 | Bloomsbury Avenue Gatehouse, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2324 | Paradise Avenue Gatehouse, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2325 | Wade Avenue Gatehouse, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2326 | Lloyd Schwartz Museum, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |

BA-2319 Spring Grove Hospital Center

| Inventory No. | Property Name | Address | Eligible? | review date |
|---------------|---|-----------------------|------------|-------------|
| BA-2327 | Tool House, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2328 | Carpenter Shop, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2329 | Masonry Shop, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2330 | Foster-Wade Building, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2331 | Bland-Bryant Building, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2332 | Root Cellar, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2333 | Power Plant, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2334 | Garrett Infirmary, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2335 | Paint Shed, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2336 | Rice Auditorium, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2337 | Stone Cottage C, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2338 | Stone Cottage D, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2339 | Stone Cottage Dining Room, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2340 | Stone Cottage E, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2341 | Stone Cottage F, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2342 | Stone Cottage G, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2343 | Garage, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2344 | Superintendents House, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |
| BA-2345 | Main Building, site, Spring Grove | Spring Grove Hospital | <u>Yes</u> | 1985 |

| |
|-----------|
| Count: 52 |
|-----------|

Spring Grove Hospital Center is a state-operated residential facility for the mentally ill located on approximately 200 acres in Catonsville, Baltimore County. The original mental hospital called the Maryland Hospital for the Insane, was located on East Monument Street in Baltimore City, where the Johns Hopkins Hospital currently stands. The Maryland Hospital for the Insane moved to its Catonsville location in 1872, where it has remained. The hospital was officially renamed Spring Grove Hospital Center in 1973.

The historic buildings on the hospital campus are scattered throughout the property. However, a concentration of the buildings can be found in two principal areas. The older buildings, dating prior to 1925, are located in the southwestern portion of the property. In contrast, the buildings constructed between 1930 and 1944 are generally situated in the southeastern quadrant. General expansion after World War II moved in a northerly direction with some scattered buildings constructed throughout the existing complex.

The appearance and condition of the historic buildings varies greatly. The buildings constructed before 1925 are all one or two stories in height, with hip or gablew roofs and display a wide variety of construction materials. Brick predominates; however, clapboard, stucco, and rubblestone are also utilized. The architectural elements vary as well and range from local vernacular to academic in style.

The later buildings, erected between 1930 and 1944, present a more homogeneous appearance. Many of these buildings were designed by the same architect and thus share many similar architectural elements. These details include square-cut rusticated stone laid in irregular courses, slate covered hip roofs and modillioned and dentilled cornices. Smooth stone is used for the water tables, string courses and lintels.

Spring Grove Hospital Center derives its historical significance from its establishment as Maryland's first public mental health facility in the late eighteenth century and the subsequent development of those mental health services throughout the

BA-2319
Spring Grove Hospital Center
Catonsville

1872-1944
Public

nineteenth and twentieth centuries. The complex gains additional significance from its architecture. The older buildings reflect strong vernacular designs with Victorian influences. The twentieth century buildings display characteristics of the Classical and Georgian Revival styles which embodied much of the institutional design in that era. The buildings at Spring Grove influenced the work of several Maryland architects prominent in the period, including Baldwin and Pennington and Henry Powell Hopkins.

Maryland Historical Trust

State Historic Sites Inventory Form

1. Name (indicate preferred name)

historic Spring Grove Hospital Center

and/or common

2. Location

street & number Wade Avenue ☐ not for publication

city, town Catonsville ☐ vicinity of congressional district

state Maryland county Baltimore

3. Classification

| | | | | |
|---|--|---|--|---|
| Category | Ownership | Status | Present Use | |
| <input type="checkbox"/> district | <input checked="" type="checkbox"/> public | <input checked="" type="checkbox"/> occupied | <input type="checkbox"/> agriculture | <input type="checkbox"/> museum |
| <input checked="" type="checkbox"/> building(s) | <input type="checkbox"/> private | <input type="checkbox"/> unoccupied | <input type="checkbox"/> commercial | <input type="checkbox"/> park |
| <input type="checkbox"/> structure | <input type="checkbox"/> both | <input type="checkbox"/> work in progress | <input type="checkbox"/> educational | <input type="checkbox"/> private residence |
| <input type="checkbox"/> site | Public Acquisition | Accessible | <input type="checkbox"/> entertainment | <input type="checkbox"/> religious |
| <input type="checkbox"/> object | <input type="checkbox"/> in process | <input checked="" type="checkbox"/> yes: restricted | <input checked="" type="checkbox"/> government | <input type="checkbox"/> scientific |
| | <input type="checkbox"/> being considered | <input type="checkbox"/> yes: unrestricted | <input type="checkbox"/> industrial | <input type="checkbox"/> transportation |
| | <input checked="" type="checkbox"/> not applicable | <input type="checkbox"/> no | <input type="checkbox"/> military | <input checked="" type="checkbox"/> other: hospital |

4. Owner of Property (give names and mailing addresses of all owners)

name Department of Health and Mental Hygiene

street & number 201 W. Preston Street telephone no.: 301-225-6816

city, town Baltimore, state and zip code MD 21201

5. Location of Legal Description

courthouse, registry of deeds, etc. Baltimore County Courthouse liber

street & number folio

city, town Towson, state MD 21204

6. Representation in Existing Historical Surveys

title

date ☐ federal ☐ state ☐ county ☐ local

depository for survey records

city, town state

7. Description

Survey No. BA-2319

| | | | | |
|---|--|---|---|-------------------|
| Condition | | Check one | Check one | |
| <input checked="" type="checkbox"/> excellent | <input checked="" type="checkbox"/> deteriorated | <input type="checkbox"/> unaltered | <input type="checkbox"/> original site | |
| <input checked="" type="checkbox"/> good | <input type="checkbox"/> ruins | <input checked="" type="checkbox"/> altered | <input checked="" type="checkbox"/> moved | date of move 1872 |
| <input checked="" type="checkbox"/> fair | <input checked="" type="checkbox"/> unexposed | | | |

Prepare both a summary paragraph and a general description of the resource and its various elements as it exists today.

Spring Grove Hospital Center is a state-operated residential facility for the mentally ill located on approximately 200 acres in Catonsville, Baltimore County. Gently rolling hills, wooded areas, and a small stream characterize the topography. Bounded on the north by Interstate 695, the hospital center maintains entrances from the east off of Valley Road, from the west on Wade Avenue and from the southwest on Bloomsbury Avenue.

The original site of Maryland's first mental hospital was located in the city of Baltimore, the site currently occupied by Johns Hopkins Hospital on East Monument Street. The move to Catonsville allowed the hospital to expand its residential capacity. While the state bought the Catonsville property in 1853, the transference of the patients from Baltimore to the new hospital building did not occur until the completion of the building in 1872. Though the amount of acreage has fluctuated, the Spring Grove Hospital Center has remained at the Catonsville property since that year of occupation.

The majority of the historic buildings at Spring Grove is concentrated in the southern half of the property. The organization and placement of the buildings at Spring Grove do not reflect any specific design. As the requirements of the hospital grew, the built environment expanded to meet those needs. The historic buildings at Spring Grove can be divided into two distinct groups. Building constructed before 1925 generally dealt with important functions related to the hospital operation rather than the care and treatment of the insane, and were located on the southwestern portion of the property. This group includes such buildings as the Firehouse, the Carpenter Shop, and the gatehouses. The buildings

included in this group display brick or wooden construction materials and have a height of one or two stories. The original hospital building, Old Main, occupied a commanding position in the center of the early complex from 1872 until the building was razed in 1964. Other early buildings were erected adjacent to the Old Main Building and still stand today.

The second group of historic buildings at Spring Grove exhibits a more homogeneous architectural appearance in design and construction materials because most of the buildings were designed by the same architect, Henry Powell Hopkins. Built between 1930 and 1940, these buildings expanded the hospital capacity by providing increased bed space for additional patients. The purpose of most of these buildings related directly to the care and treatment of the mentally ill. Placement of these buildings expanded the amount of developed land to the east.

Post-World War II construction has occurred throughout the hospital campus. General expansion of the physical plant has moved in a northerly direction with some scattered buildings constructed throughout the existing layout.

The older group of historic buildings displays a greater variety of materials, design and purpose. This grouping contains eleven buildings, four of which serve as dwellings. The hospital administration built three of the buildings as gatehouses to designate the entrances to the hospital. The Wade Avenue, Bloomsbury Avenue and Paradise Avenue Gatehouses are built of dark gray rubblestone with red brick surrounds and shiplap gables. The fourth dwelling, the Dairy House, is a stucco and clapboard farmhouse. This building is situated in the northeastern section of the property and was acquired by Spring Grove in the twentieth century.

The remaining buildings in this first grouping were constructed adjacent to the Old Main Building. Since the destruction of Old Main, the site has remained largely undeveloped. Though once hidden by the linear, four-story Main Building, the Laundry

Building is clearly visible today. A combination of four buildings, the Laundry Building incorporates the original brick powerhouse and the original laundry building. The Firehouse lies just northeast of the Laundry Building and is also one of the oldest remaining brick structures. It shares the same carved design in its wooden transoms as the three gatehouses. Two additional brick buildings fall into this first grouping of historic buildings: the Carpenter Shop and the Key Shop. Situated to the southeast of the Firehouse, the Key and Carpenter Shops lie adjacent to one another and have always housed industrial functions. The Carpenter Shop is a one-story building with a cupola while the Key Shop is a two-story structure with a simple gable roof. The last three remaining buildings in this first grouping were constructed in close proximity to the Old Main Building. The Tool House is the only entire frame building on the hospital campus and is located on the edge of Ash Street. The Masonry Shop and the Paint Shed, constructed of corrugated metal, support a gable roof on a one-story frame.

One building graces the Spring Grove campus which does not fit either building category. Located in the center of the grounds, the Foster-Wade Building possesses some characteristics from each building group. Constructed of multi-colored rubblestone, the Foster-Wade Building was built in stages: the central block in 1916, the southwestern wing in 1920, and the northwest wing in 1927. The central block is three stories and the wings are two stories. The Foster-Wade Building was constructed as a psychopathic hospital and provided the first substantial increase in bed space since the completion of the Old Main Building in 1872.

The second group of historic buildings display a greater similarity in style and function. The group contains thirteen buildings and eleven of these were designed by Henry Powell Hopkins. Nine buildings deal with patient care and are constructed of square-cut stone with rusticated faces. The buildings rise two or three stories, have slate covered roofs, and are decorated by smooth stone string courses and quoins. The Stone Cottage Group, located in the northeastern section of the property, consists of six

buildings in a U-shaped courtyard exhibiting similar design elements. Three other structures which share similar characteristics are located southeast of the Stone Cottage Group. The Garrett Infirmary, Rice Auditorium, and the Bland-Bryant Building all exhibit the rusticated stone, slate covered hip roofs and Georgian Revival elements.

In addition to designing the hospital buildings above, Hopkins designed two brick structures on the Spring Grove campus. The Power Plant located adjacent to the Bloomsbury Avenue entrance is a one story building with a large steeply-pitched gable roof and a cylindrical smokestack. Designed in the Colonial Revival style, the Superintendent's House is the second brick building designed by Hopkins at Spring Grove. This dwelling rests slightly northeast of the Stone Cottage Group, exhibits a two-story, L shaped configuration, and has a separate one-story, brick garage.

The final two structures in the second group of historic buildings do not fit the established pattern. The Root Cellar and the Garage were not constructed of square-cut stone but rather of smooth stone and clapboard, respectively. The Root Cellar is principally an underground structure with only two exposed faces. The Garage is a one story building with a gable roof.

The exterior condition of the buildings ranges from poor to good and alternations of some form have been made to most of the buildings. Various buildings have incompatible alterations, often in the form of fire escapes. The Stone Cottage Group provides one example. Several of the cottages have three-story, tan brick additions to house the fire escapes. The Carpenter Shop has one completed stucco addition on half of its southern face while a cinder block addition is currently being constructed on the remainder of the wall.

Interior alterations to the buildings at Spring Grove have been extensive and are the result of several factors. The age of the buildings has necessitated frequent repairs and remodelling. Alterations have also occurred due to the application of modern health and safety codes as well as changes resulting from the modification of the building's

function. Where the buildings have been vacated, they have thereafter usually received little or no interior maintenance and have deteriorated.

When left intact, the original interior fabric of most buildings is rarely distinctive or significant. Walls were usually plastered or tiled and with many of the operational buildings, the walls were unfinished or exposed brick. Simple interior treatments such as the window and door trim were the standard choice because function and security usually took precedence over stylish interiors. The exception to this rule appears in the Garrett Infirmary. The entrance hallway is characterized by fluted, Doric pilasters, rounded archways, and plaster fanlights with relief work. These elements contribute to the interior architectural significance of the building.

The floor plan of the residential buildings followed a standard design. The first floor housed the recreation and dining rooms; the dormitory area occupied the second floor; and the third floor accommodated the staff in apartments. The gatehouses provided additional employee housing.

Building Sites and Spring Grove

The buildings associated with the farm operation were concentrated northwest of the Laundry Building and adjacent to the Dairy House; most of these have burned or been demolished. As previously mentioned, the Old Main Building was demolished in 1964. The Industrial Building, which stood just east of the Firehouse, was destroyed in the 1960s.

8. Significance

Survey No. BA-2319

| Period | Areas of Significance—Check and justify below | | | |
|---|---|---|---|---|
| <input type="checkbox"/> prehistoric | <input type="checkbox"/> archeology-prehistoric | <input type="checkbox"/> community planning | <input type="checkbox"/> landscape architecture | <input type="checkbox"/> religion |
| <input type="checkbox"/> 1400-1499 | <input checked="" type="checkbox"/> archeology-historic | <input type="checkbox"/> conservation | <input type="checkbox"/> law | <input type="checkbox"/> science |
| <input type="checkbox"/> 1500-1599 | <input type="checkbox"/> agriculture | <input type="checkbox"/> economics | <input type="checkbox"/> literature | <input type="checkbox"/> sculpture |
| <input type="checkbox"/> 1600-1699 | <input checked="" type="checkbox"/> architecture | <input type="checkbox"/> education | <input type="checkbox"/> military | <input checked="" type="checkbox"/> social/ |
| <input type="checkbox"/> 1700-1799 | <input type="checkbox"/> art | <input type="checkbox"/> engineering | <input type="checkbox"/> music | <input type="checkbox"/> humanitarian |
| <input checked="" type="checkbox"/> 1800-1899 | <input type="checkbox"/> commerce | <input type="checkbox"/> exploration/settlement | <input type="checkbox"/> philosophy | <input type="checkbox"/> theater |
| <input checked="" type="checkbox"/> 1900- | <input type="checkbox"/> communications | <input type="checkbox"/> industry | <input type="checkbox"/> politics/government | <input type="checkbox"/> transportation |
| | | <input type="checkbox"/> invention | | <input type="checkbox"/> other (specify) |

Specific dates 1853-1944 Builder/Architect Various

check: Applicable Criteria: ☒ A ☐ B ☒ C ☐ D
and/or

Applicable Exception: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G

Level of Significance: ☐ national ☒ state ☐ local

Prepare both a summary paragraph of significance and a general statement of history and support.

INSTITUTIONAL HISTORY OF SPRING GROVE

During the early years of the American republic, the responsibility for the care and treatment of the mentally ill usually fell upon the families of the afflicted and the community in general. As the numbers of the insane increased and as the country experienced unsettling factors such as urbanization and immigration, the responsibility for the care and treatment of the insane shifted toward a public involvement.¹ Such a shift occurred in Baltimore in 1797 when a group of prominent citizens spearheaded by Captain Jeremiah Yellot sought to "encourage the establishment of a hospital for the relief of indigent sick persons and the reception and care of lunatics."² Appealing to the General Assembly of 1798, the concerned gentlemen secured an \$8000 appropriation for the new hospital through the Mayor and City Council of Baltimore.³ Initially called the Public Hospital of Baltimore, the institution served as a general hospital treating the insane, indigent sick and some ailing seamen. From this first institution, Spring Grove Hospital Center evolved, making it the third oldest hospital for the mentally ill in the United States.

The initial hospital site was located in Baltimore City on a portion of the land that the Johns Hopkins Hospital currently occupies. During the first years of its existence, the hospital remained under city control while the state continued to make occasional financial contributions. The City of Baltimore relinquished its management role in 1808 when the City leased the hospital to Alexander MacKenzie and James Smyth, two prominent physicians. Certain stipulations were included in the lease; the doctors were charged to enlarge the hospital and provide improved accommodations. The Mayor and the City Council signed the lease for fifteen years. During this time, MacKenzie and Smyth completed general improvements with funds appropriated by the Legislature and raised by a lottery. The two doctors petitioned the City Council in 1814 for a second lease for an additional ten years to begin at the termination of the first fifteen-year lease. While the governmental body agreed to the second lease, again they placed a condition on the lease. This stipulation enjoined the doctors to provide separate accommodations for the insane patients, whose numbers were increasing and who were becoming a potential threat to the somatic patients.⁴ With these changes, the capacity of the hospital had been enlarged enough to accommodate a substantial portion of the wounded soldiers from the Battle of North Point in 1814.

Both state and city authority over the hospital had waned considerably due to the lease arrangement. Anticipating the expiration of the lease, in 1828 the City Council authorized the Mayor to relinquish any city claim on the hospital to the State.⁵ The General Assembly acted quickly to legitimize its renewed authority over the hospital by incorporating the institution as the Maryland Hospital with a President and a Board of Visitors. One member from each Maryland county and several representatives from Baltimore City constituted the new body.⁶ As its first action, the Board authorized a committee to assess the condition of the hospital. The committee found the hospital deficient in so many departments that the Board of Visitors requested the surviving

lessee, Dr. John P. MacKenzie, to surrender the remainder of his lease so that the Board could assume management of the facility. The young doctor refused to give up his control without monetary compensation for the remainder of his lease. Because the Board of Visitors was not prepared to meet Dr. MacKenzie's demand, the powers of the Board remained suspended until the lease expired in 1834. On the first day of 1834, the President and the Board of Visitors assumed full control of the Maryland Hospital, making it exclusively a State institution.⁷

The Board of Visitors exercised their new authority by implementing several changes. The Board arranged for the Sisters of Charity to serve as nurses and attendants while medical services were donated by local physicians. In 1839, the Board of Visitors petitioned the Legislature for \$30,000 for necessary improvements to the physical plant of the hospital. Because of the expanding population of insane patients and the establishment of additional somatic hospitals, the Board also recommended to the Legislature that the Maryland Hospital be devoted exclusively to the care and treatment of the mentally ill. The General Assembly answered the Board's appeal by passing Resolution Number 65 which legally limited the hospital's function to the care and treatment of the mentally ill and accordingly appropriated \$30,000 for new housing construction for the lunatic asylum. In addition, the act dictated that half of the institution should accommodate the indigent insane, supported by the county where the patient had lived.⁸ This resolution officially established the Maryland Hospital for the Insane in the capacity it serves today under the title of Spring Grove Hospital Center as a state institution which provides care and treatment for the State's mentally ill.

While the Maryland Hospital was experiencing a transfer of control and management, the approach toward insanity and its treatment also underwent a change in policy. Moral management as promoted by Dr. Benjamin Rush in the United States During the late 18th century and into the first half of the 19th century emphasized that insanity had its roots as an emotional disorder rather than a physical disease or an

intellectual disorder. The disorder emanated from passions and emotions rather than thought processes.⁹ Moral management advocated the discontinued use of regimentation and the implementation of individual attention accentuated by kindness and emotional appeals. Moral treatment also reflected the change in public perception toward the insane. In the 18th century, lunatics were viewed as a harmful threat to society. The advent of moral management reversed this perception by viewing the insane as "innocent victims who required protection from society."¹⁰ While the view led to a greater public acceptance of mental hospitals, it also helped to spark a movement to reform the physical conditions of many overcrowded institutions. The most eminent crusader in this area was Dorothea Dix, who campaigned to have state and private asylums built across the country to alleviate the wretched conditions in which the insane lived. Dix played a persuasive role in convincing the Maryland Legislature in 1852 that the State needed a larger and more adequate mental hospital for its ill citizens.

The General Assembly was aware of the deteriorating conditions of the insane population in 1848. Once again, the population had increased rapidly and the portion of the insane population housed at the Maryland Hospital had far surpassed the capacity of the accommodations. The General Assembly requested that the Governor give estimates on the cost of construction of additional accommodations for 250 insane patients. The findings of the report were presented to the Session of 1849.¹¹ Though the report included specific plans to enlarge the Maryland Hospital, the conclusion of the report emphasized the advantages of a new hospital facility located on larger grounds outside the city. The report favored

the erection of an asylum upon a most modern and approved plan, adapted in all its arrangements for the comfortable accommodation, treatment and care of insane patients, and of style and character worthy of the munificence of the State.¹²

onsidered, the General Assembly did not take any action on the report

in 1849. The General Assembly of 1852 heard additional appeals on behalf of the insane. The Board of Visitors of the Maryland Hospital stressed the urgent need for additional facilities outside Baltimore. However, the most convincing report came from Dorothea Dix who conducted an extensive survey on Maryland's insane. Her survey revealed that "confined apartments, narrow cells, dungeons, and not seldom chains and manacles, both in private dwellings, in poorhouses, in county jails and in the penitentiary are the miserable alternatives in default of adequate hospital provision."¹³ After hearing these arguments, the General Assembly appointed a Commission to select an appropriate site for the new hospital. The Commission decided on a 136 acre tract known as Spring Grove, near Catonsville in Baltimore County and purchased the land with private subscriptions from Baltimore citizens and an appropriation from the state.¹⁴ Once the site had been determined, construction of the new hospital began in 1853.

The selection of the Spring Grove property and the first hospital building constructed on the land reflected the newest approach in mental hospital design. Dr. Thomas Kirkbride the superintendent of the Pennsylvania Hospital for the Insane developed a model of hospital design which was adopted for mental hospitals throughout the country during the second half of the nineteenth century. In his published work "Construction, Organization and General Arrangements of Hospitals for the Insane," Dr. Kirkbride advocated that a hospital "should be in a healthful, pleasant, and fertile district of the country."¹⁵ While Dr. Kirkbride suggested guidelines for the location of the hospitals, his article concentrated on the layout of the building. His linear plan consisted of a central block which housed administrative functions and the superintendent's residence and longitudinal wings which housed patients segregated by sex, age, and the classification of their condition. The wing design placed the convalescents and quiet patients to occupy the wards closest to the administration block, patients in an intermediate condition next to the convalescents, and the excitable patients in the outside wards. Dr. Kirkbride specified many details about the hospital

building in his treatise: the number of patients each ward should accommodate, the amount of ventilation and even the height of the building.¹⁶ The factors which Kirkbride included in his hospital design integrated the current medical treatment methods for the insane with specific hospital design to promote the efficient implementation of those medical policies.

Many of Dr. Kirkbride's guidelines were embodied in the first hospital building erected on the Spring Grove property. While construction work began in 1853, the building was not completed until 1872. Lack of sufficient funds and the Civil War were the two dominant factors in the delay. The General Assembly appropriated funds in 1856, 1858, 1859 and 1860 for a total of \$158,000 and yet by 1861, the hospital construction had only completed the north wing, the second floor of the administration center and the foundation of the south wing.¹⁷ At this point, the commissioners decided to suspend construction due to the outbreak of the Civil War. They also ordered protection of the exposed portions of the building and appointed a watchman to guard the construction site. Work resumed in 1864 with a \$10,000 appropriation from the Legislature. The Commissioners sold the original hospital property in Baltimore to Johns Hopkins in 1870 in order to generate additional monies to complete the building. Two years later the hospital received its first patients. While the building had finally been completed, an additional debt of \$330,000 had been incurred which the General Assembly quickly paid.

The new home of the Maryland Hospital for the Insane generated descriptive praise such as, "nothing can exceed the beauty and magnificence of the scenery from this hospital."¹⁸ The building itself attracted attention with the following description:

The structure is of Maryland granite, three stories high, and consists of a center building 90 feet front, with two wings extending back 240 feet each, in echelon, so as not to present one solid building, uniform in all its parts, but an apparent collection of houses, united together, yet diversified in appearance and varied in character, admitting of a thorough classification of the patients.¹⁹

The building was referred to as the main or the Centre Building and remained one of the dominant structures on the hospital grounds until the State razed it in 1964.

Authorized by a legislative act in 1876, the Governor appointed a new Board of Managers for the Maryland Hospital for the Insane. Upon investigation, the Board discovered that many of the patients did not suffer from insanity but rather from alcoholism and narcotics abuse. Grouped with the insane patients, this combination proved disruptive for all. The Board placed renewed emphasis on the fact that the hospital was limited to the care and treatment of insane individuals.

Even though the hospital restricted its clientele to insane patients, the steady increase of the ill population soon consumed available accommodations. In conjunction with the growing insane population, the length of institutionalization also experienced increased. A patient was much more likely to recover if his or her stay lasted less than one year.²⁰ Similarly, the longer the patient remained institutionalized, the poorer chance he or she had for recovery. This development had a profound effect on the capacity of the mental hospitals because more attention had to be given to chronic patients who required longer care. "Mental hospitals, despite their therapeutic goals, were actually providing long-term custodial care for many of their inmates."²¹ Constant overcrowding became one immediate result of this factor.

The Maryland Lunacy Commission created in 1886 served as an advocacy unit for the public charities dealing with the insane. The Commission reacted to the overcrowded conditions at the Maryland Hospital for the Insane by requesting that the county authorities provide the proper provisions for the chronic cases so that the hospital could concentrate on "acute, curable cases."²² The Commission also passed a resolution which stated that the county almshouses were not allowed to receive patients unless proper facilities were provided.²³ While the Maryland Lunacy Commission did possess some influential power, the body did not possess viable means for enforcement of its ideas. As a result, the Lunacy Commission continued to make appeals to relieve the crowded

conditions, but the General Assembly did not act on the pleas. Despite the relatively new hospital facility at Spring Grove, the housing accommodations for the insane continued to deteriorate due to the rising chronic population. "Dorothea Dix lived to the age of 85, long enough to see the insane asylums she crusaded to be built in the name of progress and humanity become hellholes similar to those she crusaded to destroy."²⁴

The Eighth Annual Report of the Lunacy Commission reported improved conditions at the state's facilities in 1893 but nevertheless went on to recommend the erection of a second state hospital for the indigent insane. Dr. George J. Preston took the argument one step further by advocating total state care for its insane citizens:

No county in Maryland is warranted in the expenditure of sufficient money to maintain a properly equipped, modern asylum. It is more economical for the State to run a care facility. It will increase the cure rate.²⁵

Both of these recommendations by the Lunacy Commission had direct effects upon the Maryland Hospital for the Insane. The General Assembly approved the construction of a second hospital for the insane and appointed a Board of Managers for the new hospital in 1894.²⁶ Once the second Maryland Hospital for the Insane (later named Springfield State Hospital) had been built, it could care for the chronic population. This, in turn, would alleviate some of the overcrowding at Spring Grove and allow the doctors to concentrate on the acute cases.

On the other hand, total state care of Maryland's insane population did not occur promptly. Though suggested in 1893, the legislature did not pass a bill on the subject until 1904 and implementation of state care did not occur until 1911.²⁷ From that year forward the State of Maryland has been charged with the maintenance, care, control and treatment of all dependent insane persons who are state residents.²⁸

While the legislative actions of the General Assembly affected the Maryland Hospital for the Insane, the operations of the hospital functioned with daily activities.

When the Maryland Hospital relocated to the Spring Grove property, it gained valuable farm land from which to feed its population. The farm operation produced a large variety of fruits and vegetables as well as meat products. The goal of the farm operations was to help the hospital be self-sufficient. The patients contributed to this goal by working in the fields as well as completing industrial pursuits like sewing, laundry work and road grading. While patient tasks contributed to the efficient operation of the hospital, the doctors viewed the work as an important part of the treatment for the patient.²⁹ The patients' work program corresponded to the hospital's policy toward the use of restraint. Except in extreme cases, the use of straight jackets, muffs, and other devices was not employed at the Maryland Hospital around the turn of the century. Advanced psychiatric thought debated the issue of restraints while the superintendents of the Maryland Hospital chose minimal use of the devices and favored hard work and fresh air.³⁰

As the hospital eased into the implementation of total state care, the legislature passed a bill in 1912 changing the name of the Maryland Hospital for the Insane to Spring Grove State Hospital. With the State responsible for the entire indigent insane population of Maryland, additional hospital buildings became necessary. Spring Grove received appropriated funds to build a psychopathic hospital building. The Foster-Wade Building was constructed in stages with the central block of the building completed first in 1916.³¹ The building was initially dedicated in memory of A.D. Foster, a member of the Board of Managers, who was "particularly alive to the necessity of a building for the successful treatment of acute cases."³² Some of the first patients admitted to the building were World War I soldiers suffering from battle fatigue. Because hospital space was needed for Maryland soldiers and construction of the building had been delayed due to increased labor and material costs, the Maryland Council of Defense contributed \$25,000 to complete the necessary construction of the southeast wing.³³ For five years, the Foster Clinic received veterans while the Veteran's Hospital at Perry Point was being

built.

While the veterans occupied the th southerwest wing, Foster wing, Spring Grove sought additional money to build the northwestern wing. A bond issue generated \$150,000 for the wing construction available in 1926. Named for the retiring superintendent of thirty one years Dr. Percy Wade, the wing accommodated 200 patients plus an operating room, laboratories, and hydrotherapy equipment.³⁴

Spring Grove experienced a building program in the 1930's to relieve some of the overcrowding. The buildings which were constructed mirrored the general expansion of the hospital in many areas. Designed by Henry Powell Hopkins, the new construction program provided the hospital campus with a new power plant, convalescent building (Bland-Bryant), amusement hall (Rice Auditorium), infirmary building (Garrett Infirmary), and dormitory space for convalescent women (Stone Cottage Group).

Despite this physical expansion, Spring Grove continued to have a rising population and in turn, crowded conditions. Combined with staff shortages, the quality of patient care gradually declined. Reports and articles exposing the deteriorating conditions of many state facilities appeared in newsprint in the 1940's culminating in a series of articles in the Baltimore Sun entitled, "Maryland's Shame." The article described the "snake pit" conditions found in all of the state hospitals in 1949.³⁵

Media exposure, "the exacerbation of crowding, shrinking budgets, and physical plant deterioration created a renewed interest in alternatives to traditional institutional care."³⁶ One alternative tested at Spring Grove was a family care program. From 1940-1946, the hospital placed approximately 222 patients in local homes. This program emphasized the self-value of the patient and encouraged the patient to become self-sufficient.³⁷ The family care program was the precursor of the de-institutionalization policy of the 1960's and 1970's. This newer mental health approach has greatly decreased the resident population of Spring Grove as many patients have been placed in the community. As a result of this de-institutionalization, the farm operation has been shut

down and several of the hospital buildings have become vacant. Reflecting the recent policies and needs of the hospital, Spring Grove has experienced physical growth through the construction of modern hospital facilities. The current hospital campus mirrors the evolution and growth of Spring Grove Hospital Center as Maryland's oldest mental hospital.

BUILDING HISTORY AT SPRING GROVE

When the Maryland Hospital for the Insane moved from its Baltimore City location to the Spring Grove property in 1872, the physical dimensions of the hospital began a new chapter in its history. The hospital had expanded its physical plant in Baltimore on repeated occasions but these improvements did not meet the growing needs of the facility. The Board of Visitors of the Hospital enumerated the reasons justifying the transfer to Catonsville by emphasizing the poor condition of the facility and the increased value of the hospital land. The limited potential for geographic expansion also contributed to the decision to sell the Baltimore City facility. Although the Commission had bought the Catonsville land in 1853 and construction had begun in the same year, the Main Building remained unfinished by 1870. The sale of the hospital to Johns Hopkins provided additional monies to expedite the completion of the construction of the Main Building at Spring Grove in 1870. The hospital managers received additional money from the General Assembly and the building was completed by 1872. J. Crawford Neilson, the architect of the Main Building, was an accomplished Baltimore architect, familiar with the design of institutional buildings. Among Neilson's Commissions were the Maryland Institution for the Instruction of the Blind in Baltimore completed in 1868, and the Baltimore Academy of Music. The design and style of the Main Building reflected Neilson's talent as an architect. He incorporated well-ventilated corridors, sunlit bedrooms and sun porches into a stylish building of Italianate design which would accommodate the sixteen classifications of the mental patients . While Neilson utilized

some of the ideas presented in Dr. Kirkbride's essay on mental hospital construction, Neilson also sought progressive new trends in hospital construction. The Board of Visitors of the Maryland Hospital at Spring Grove asked Neilson to consider the expansion of the Spring Grove facility in 1876 because the Main Building was quickly reaching its intended capacity of three hundred patients. In his response, the architect identified two alternatives: additions to the wings of the existing Main Building or the construction of individual cottages. The cottage plan began to emerge in the 1870's as a more efficient design for mental hospitals. Neither alternative was undertaken at Spring Grove but Neilson utilized the cottage plan in 1889 with his design for the initial buildings at the Maryland State Asylum and Training School for the Feeble Minded, known today as currently called Rosewood Center.

While construction measures were not taken to expand their housing capacity at Spring Grove, the Board of Managers did authorize other buildings to be added to the campus during the last quarter of the nineteenth century. Often these buildings were not designed by architects and the construction was accomplished by the hospital employees and patients. One of the earliest additions to the facility was a "substantial brick carpenter shop"³⁸ in 1878. Known currently as the Key Shop, the building displays nineteenth century construction methods using machine-cut nails and circular sawn lumber. The bricks used in the building were produced on the grounds of the hospital. The building functioned many years as a carpenter shop and provided occupational work for the early patients. Minimal information exists about several other outbuildings. While none of these structures stands today, each contributed to the operation of the hospital. For example, in 1893 it was reported that "a neat stone cottage has been built for the use of the gardener."³⁹ J.A. Sheridan designed the dwelling and the stone was quarried at Spring Grove. Other construction included a one-story cottage for the chronic insane in 1892, a mortuary chamber in 1895 and an industrial shop for women in 1898.

While the gardener's cottage did not survive, three gatehouses built during Dr. Gundry's administration between 1878 and 1891 mark three original entrances to the hospital. Named for the corresponding roads, the three gatehouses exhibit strong elements of style on their vernacular facades. While each dwelling shares distinct architectural characteristics such as the red brick window surrounds, carved wooden transoms, and pencilled mortar joints, each gatehouse retains its uniqueness by slight alterations to the pattern. The houses on Bloomsbury, Wade and Paradise Avenue continue in use today as employee housing.

The final two buildings constructed before 1900 were the Firehouse (1893) and the Laundry Building (1872, 1896). The current Laundry Building is a conglomeration of four buildings but the northern section is the original, free-standing structure which originally operated as a powerhouse and laundry. It received new laundry equipment from an appropriation from the General Assembly in 1896.⁴⁰ The Firehouse is the other nineteenth century brick building which still stands today. Currently used as a museum, the building originally housed fire fighting equipment for the fire company organized in 1893. The value of a well-organized fire department on the grounds of a hospital for the insane was frequently demonstrated by the number of actual fire runs to which the Department had to respond.

The Maryland State Lunacy Commission reported in 1906 that a new Laundry building had been finished. Constructed of brick and a slate tile roof, the second laundry building is located directly south of the original power house and laundry. Two years later, in 1908, the "old tool house on the main drive was demolished and a new building was erected adjacent to the vegetable storage house."⁴¹ The replacement building is the frame building which stands east of the Carpenter Shop.

During the first forty years that the hospital occupied the Spring Grove property, the Maryland Hospital for the Insane accomplished additional construction projects on a small scale in brick or wood. Much of the labor was performed by the employees and the

patients. While construction projects expanded the facility, the hospital bed space was essentially restricted to the Main Building. The first interruption in this pattern of small construction projects occurred in 1914 when work started on the Psychopathic Building. Designed by the prominent Baltimore architectural firm of Baldwin and Pennington, the Psychopathic Building was originally named the Foster Clinic and was designed to accommodate 125 patients of each sex and house fifty nurses and employees who were quartered throughout the Main Building.⁴² The design of the Foster Clinic reflects the linear plan of construction advocated by Dr. Kirkbride in that the building consists of a central block and flanking wings for each sex. Baldwin and Pennington's work at Spring Grove is representative of the institutional aspect of their highly successful and varied practice, which also included work at Crownsville Hospital Center, several Catholic hospitals, an orphan asylum and a wide range of public and private work.

During his administration as Medical Superintendent (1896-1927). Dr. J. Percy Wade made a conscientious effort to enlarge the Spring Grove property holdings. One of his purchases resulted in the acquisition of the Dairy House. The land, the farmhouse and the outbuildings were acquired to expand the farm production of the hospital. The two-story, stucco dwelling with clapboard additions is the only remaining early farm building.

One of the last buildings constructed under Dr. Wade's supervision was the Bakery, currently called the Carpenter Shop. Exhibiting classical features, the Bakery Shop was erected and equipped in 1923 for \$10,000.⁴³

The 1930's ushered in a new era in construction at Spring Grove. The predominant construction materials became stone and cement, the style and design of the buildings experienced a change, and the hospital consistently commissioned an architect to design the buildings. During the years 1930 to 1944, a total of twelve buildings were constructed, nine of these were designed by Henry Powell Hopkins. A well known Maryland architect, Hopkins executed numerous commissions for the State of Maryland including renovations to the Old Treasury Building and state office buildings in Annapolis

and design of several new buildings at Springfield State Hospital. Practicing in the Georgian Revival, Hopkins designed most of the Spring Grove commissions in cream-colored limestone to compliment the existing Main Building and the Foster-Wade Building. The Bland-Bryant Convalescent Building (1930) was the first design by Henry Powell Hopkins to be executed on the Spring Grove campus. Named after two members of the Board of Managers, it allowed a more complete classification of patients according to the seriousness of the disease. At a cost of \$460,000, the hospital building had a capacity of 430 beds.⁴⁴

As the hospital expanded its services, the public utilities needed improvement. Though an atypical design for the architect, Hopkins was also responsible for the new power plant in 1931. Constructed of brick and steel at a cost of \$175,000, the modern power plant facility proved invaluable.

Hopkins executed the designs for the Garrett Infirmary, (1932) Rice Auditorium, (1935) and the Stone Cottage Group (1936-1944) as well. Each of these buildings provided a specific function for the hospital. The infirmary furnished additional bed space for those patients with infectious diseases and those requiring surgery. Rice Auditorium operated with two functions: as a place for entertainment and as a location for occupational therapy. The Stone Cottage Group complex of six buildings, included a dining building and residential cottages for convalescent women. Though each of these buildings is unique, they share many similar architectural details such as smooth stone quoins, hipped slate roofs and pedimented doorways.

The academic classicism favored by Henry Powell Hopkins was particularly well suited to this project. The Georgian Revival style was viewed as less forbidding and warmer than the earlier medieval revival styles and was therefore more appropriate for institutional buildings. "The aim of the institution is to be rated by its patients as a home," and the Georgian Revival style provided that home-like appearance.⁴⁵

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9. Major Bibliographical References

Survey No. BA-2319

10. Geographical Data

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UTM References do NOT complete UTM references

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Verbal boundary description and justification

List all states and counties for properties overlapping state or county boundaries

| state | code | county | code |
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| state | code | county | code |
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11. Form Prepared By

name/title Lauren L. Bowlin

organization Office of Planning, DHMH

date June, 1986

street & number 201 W. Preston Street

telephone 301-225-6816

city or town Baltimore

state Maryland

The Maryland Historic Sites Inventory was officially created by an Act of the Maryland Legislature to be found in the Annotated Code of Maryland, Article 41, Section 181 KA, 1974 supplement.

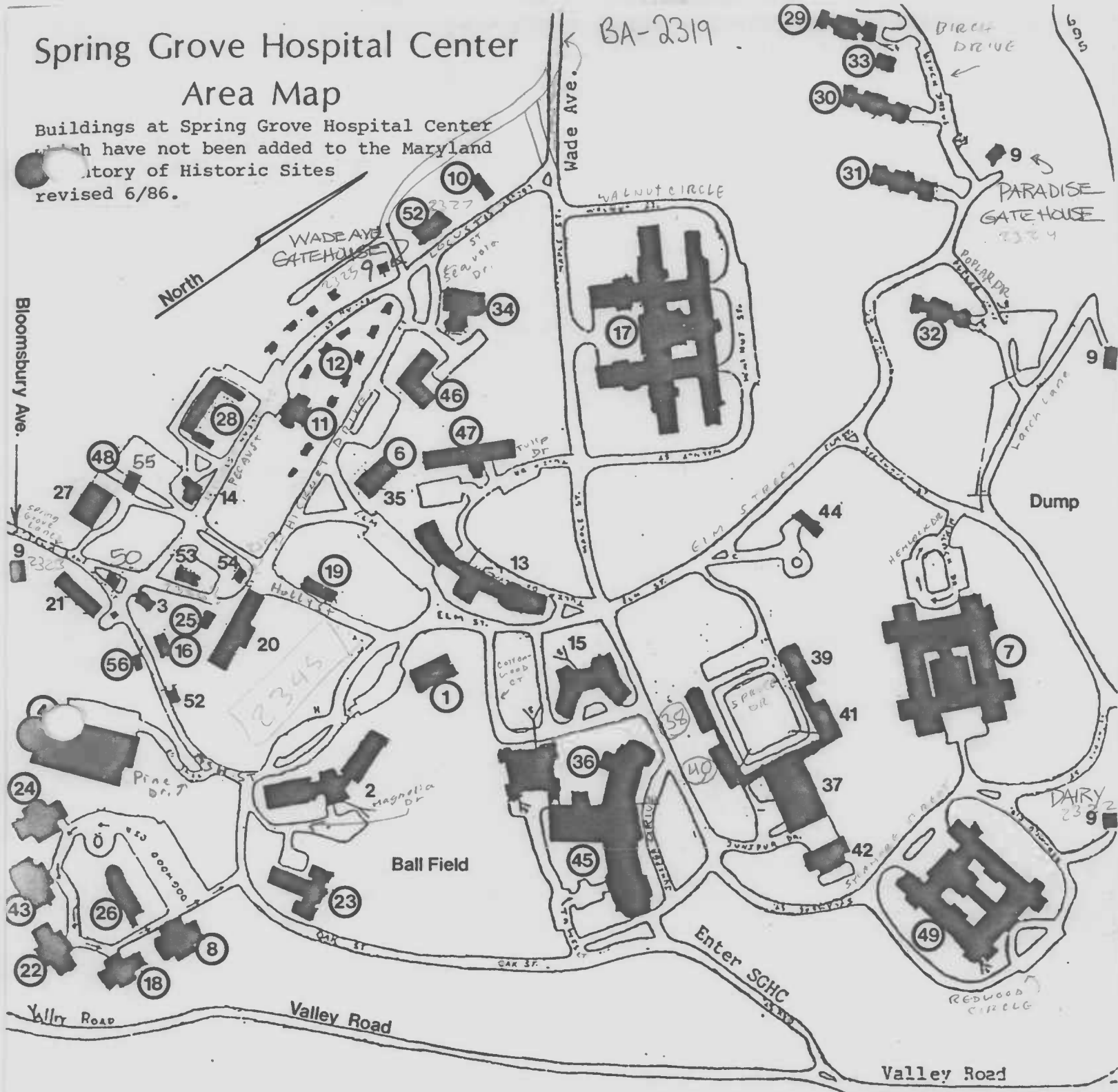
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Shaw House
21 State Circle
Annapolis, Maryland 21401
(301) 269-2438

Spring Grove Hospital Center

Area Map

Buildings at Spring Grove Hospital Center which have not been added to the Maryland Inventory of Historic Sites revised 6/86.



- 1-Administration
- 2-Ilan Bryant
- 3-Carpenter Shop
- 4-Central Kitchen & Storeroom
- 5-Central Maintenance
- 6-Chapel
- 7-Dayhoff
- 8-Dix
- 9-Dwellings
- 10-Elect. Sub Station
- 11-Employee's Cafeteria
- 12-Employee's Cottages

- 13-Foster Wade
- 14-Garage
- 15-Garrett
- 16-Greenhouse
- 17-Hamilton
- 18-Hill
- 19-Jamison
- 20-Laundry
- 21-Lawn
- 22-Mitchell
- 23-Moylan
- 24-Noyes
- 25-Paint Shop

- 26-Preston Bldg.
- 27-Powerhouse
- 28-Red Brick Apts.
- 29-Red Brick Cott.#1
- 30-Red Brick Cott.#2
- 31-Red Brick Cott.#3
- 32-Red Brick Cott.#4
- 33-Red Brick Powerhouse
- 34-Research
- 35-Rice Auditorium
- 36-Smith Medical/Surgical
- 37-Stone Cott. Dining Room & Kitchen
- 38-Stone Cott. C

- 39-Stone Cott.D
- 40-Stone Cott.E
- 41-Stone Cott.F
- 42-Stone Cott.G
- 43-Sullivan
- 44-Superintendent's House
- 45-Tawes
- 46-Tuerk
- 47-Voc. Rehab.
- 48-Water Tower
- 49-White
- 50-Key Shop
- 51-Shade Shop
- 52-PAINT SHOP

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FREDERICK 38 MI.
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BA-2319
Spring Grove Hospital
Center
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Mapped by the Army Map Service
Edited and published by the Geological Survey
Control by USGS, USC&GS, USCE, and City of Baltimore

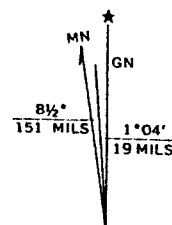
Topography from aerial photographs by photogrammetric methods
Aerial photographs taken 1943. Field checked 1944
Culture revised by the Geological Survey 1953

Hydrography from USC&GS Chart 545 (1942)

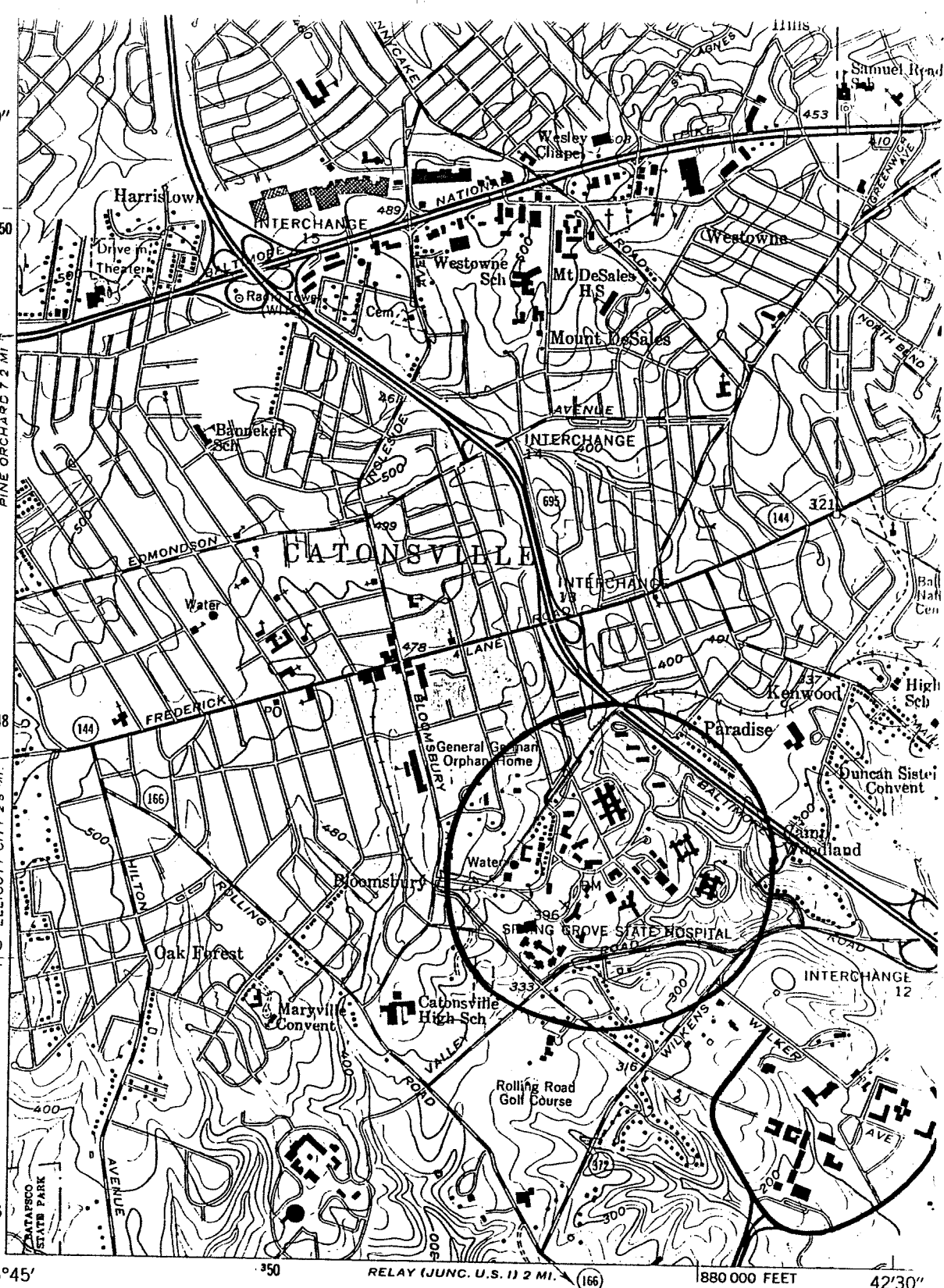
Polyconic projection. 1927 North American datum
10,000-foot grid based on Maryland coordinate system,
1000-meter Universal Transverse Mercator grid ticks,
zone 18, shown in blue

Red tint indicates areas in which only landmark buildings are shown
Unchecked elevations are shown in brown

Revisions shown in purple compiled by the Geological Survey from



UTM GRID AND 1974 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET





BA - 2319

ORIGINAL SITE OF MARYLAND
HOSPITAL FOR THE INSANE
MONUMENT AND BROADWAY STREETS
BALTIMORE, MARYLAND
1797-1872.

HOSPITAL MOVED TO PRESENT LOCATION IN
CATONSVILLE, MARYLAND 1872
RENAMED SPRING GROVE HOSPITAL CENTER